

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to the use of Remarks on back of this volume.

# Health Department, City of Baltimore.

Permit No. 99012 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

Date of Death, April 3, 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Margaret Mattes

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 8 Years, 5 Months, — Days.

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation, Chicago Ill.

Birth Place, State or country, and how long in the United States, if of foreign birth. Chicago Ill.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, Give Street and Number. 114 Harris Alley

Cause of Death, First (Primary),  
Second (Immediate), Septicemic

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, April 4, 1887

Undertaker, G. France

Place of Business, Frank & Wolfe

Address, 2826 E. 20th St.

Medical Attendant, E. D. Miller, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST of DISEASES on back of this Certificate.

# Health Department, City of Baltimore.

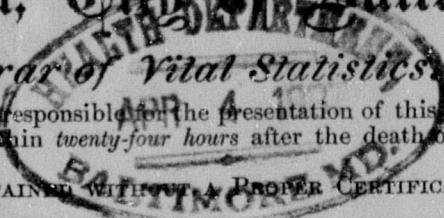
Permit No. 99013

Office of Registrar of Vital Statistics

Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



JH

## CERTIFICATE OF DEATH.

Date of Death,

April 2<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Augustus

Sex, Male or Female, { Cross out the word not required in this line }

Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Balto. Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give Street and Number }

St. Vincent's Asylum

Cause of Death, { First (Primary), }

Marasmus

Second (Immediate), EX-

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Calvary Cemetery

Date of Burial, April 4, 1887

Undertaker, John Masterson

Place of Business, Division St.

D. Flannery

M. D.

Medical Attendant.

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99014

Office of Registrar of Vital Statistics.

Ward 179

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 3<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Albert Anchors

Sex, Male or Female, { Cross out the word not } required in this line.

Male

Age,

Years,

Months,

17

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Single

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

1202 S. Charles Street

Collet

Cause of Death, { First (Primary),

Pneumonia

Second (Immediate),

All its life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, April 4<sup>th</sup> 1887 M. D.

Undertaker, B. Harle

Medical Attendant

Place of Business, West St.

Address, Gaughan & C.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Henry C. Seward S. I.

## Health Department, City of Baltimore.

Permit No. 99015

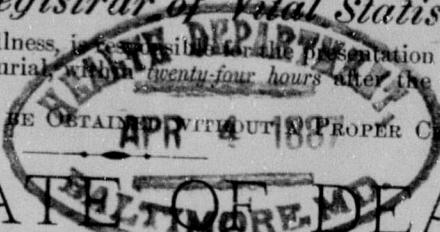
Office of Registrar of Vital Statistics.

Ward

15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

## CERTIFICATE OF DEATH.

Date of Death,

Apr 3

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Mary Mahoney

Sex, Male or Female, { Cross out the word not required in this line }

Age, 23 Years,

Months,

Color, white Days.

✓

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number }

51 Little Hughes St

Cause of Death, { First (Primary),  
Second (Immediate), }Consumption  
Exhaustion

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial, Saint Peter's Cemetery

Date of Burial, April 4 1887

{ Undertaker, Funeral Doyle

M. W. Wafel

M. D.

{ Place of Business, 618 S. Charles Street, Address,

Baltimore, Md.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99916

Office of Registration and Statistics.

Ward 7 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1887  
BALTIMORE MD

## CERTIFICATE OF DEATH.

Date of Death,

James H. Ellis April 2 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James H. Ellis

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 43 Years,

Months,

Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation, Brickmaker

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lifetime

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1004 N Linham St

Consumption

Cause of Death, { First (Primary),

Exhaustion

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Abury Cemetery

A. L. Gage M. D.

Date of Burial, Apr 5 1887

Medical Attendant.

Undertaker, M. J. Nadden

Place of Business, 76 East St

Address, 1153 N. B. Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99017 Office of Registration and Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. a

Date of Death, April 1<sup>st</sup> 1887

Full Name of Deceased, Robt R. Jones Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Male (Cross out the word not required in this line.)

Age, 55 Years, Months, Days.

Color, colored

Married, Single, Widow or Widower, Single (Cross out the words not required in this line.)

Occupation, Sabotor

Birth Place, Maryland (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, 18 years

Place of Death, 1307 Orleans Street (Give Street and Number.)

Cause of Death, Peritonitis (First (Primary), Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, White Haven Chapel, McCormick Co. Inc.

Date of Burial, Apr 5 1887

Undertaker, Mr. Madden

Place of Business, 46 East St

Address, 429 Asquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4619 Faust

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99018

Office of Registrar of Vital Statistics.

Ward 65<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 3, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Caroline Moore

Moore.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years,

Months,

Days.

colored ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

house  
Ball. Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

122 Locality st  
Kittis's Preliminary  
Exhaustive

Cause of Death, { First (Primary),

Second (Immediate),

Three mos.

Second (Immediate),

Three mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4

Undertaker, John E. Grace

Place of Business, 313 South Carolina

L. C. Burk

M. D.

Medical Attendant,

200 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No. 99019 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 1<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Lare, (Mother dead)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 7 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Vincent Alley # 706

Cause of Death, { First (Primary),  
Second (Immediate), }

Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, April 4<sup>th</sup> 1887

Undertaker, William Dungee

Place of Business, 150 East 8<sup>th</sup> Address,

L. G. Spanow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99020 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. *B*

Date of Death, April 4<sup>th</sup> 1887 *BALTIMORE, MD.*

Full Name of Deceased, *{* Write legibly and spell correctly. If an Infant not named, give names of parents. *}* Jane A. Sappington

Sex, Male or Female, *{* Cross out the word not required in this line. *}*

Age, 73 Years, 11 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, *{* Cross out the words not required in this line. *}*

Occupation,

Birth Place, *{* State or country, and how long in the United States, if of foreign birth. *}* Anne A. County Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, *{* Give Street and Number. *}* 507 Wilson St

Cause of Death, *{* First (Primary), *Second (Immediate),* Carcinoma of Breast.

Exhalation from Septic trouble

Duration of Last Sickness, 6 wks.

All the above information should be furnished by the Physician.

Place of Burial, Millersville Md.

Date of Burial, Apr 5 1887 *{* J. J. Flannery M. D.

Undertaker, W. J. Tickner *{* J. J. Flannery Medical Attendant.

Place of Business, 221 Eutaw St Address, 1701 St. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

*Trans. 4620*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST OF DISEASES on BACK of THIS CERTIFICATE.

# Health Department, City of Baltimore. 12

Permit No. 99021 Office of Registrar of Vital Statistics. Ward H

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

Date of Death,

April 3<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Estelle Morely

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 0 Years, 14 Months, 0 Days.

Color,

Dark brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

14 months

Place of Death, { Give Street and Number. }

No 505 Walnut Alley

Cause of Death, { First (Primary),  
Second (Immediate), }

Unknown

Pneumonia

One Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green St Cemetery

Date of Burial, April 5 1887

Undertaker, Herrells & Son, Benj F. Bohner M. D.

Medical Attendant.

Place of Business, 104 Green St. Address, Cor Mulberry & Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]